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VISITING NURSING.

Those of us who have been so fortunate as to have had it, sincerely hope that Visiting Nursing as a regular part of the training has come to stay, and as a branch of the profession it certainly seems to open up a great field of usefulness to those nurses who either do not care, or are not fitted for, private nursing or institutional work. The benefits derived from this course, by the nurse in training, are of very great value, as even those who do not care for it must admit.

From the point of view of health alone it is of tremendous benefit. There are very few nurses who, in their hours off duty, feel energetic enough to go out, simply for the sake of getting fresh air and a change of scene, and yet those things are what nurses need to keep them sane! Generally the only desire is to get head down and feet up, and rest, before going back to work.

But the Visiting Nurse has, of necessity, to be out of doors a great deal, and every day. Though to economize time a generous amount of car fare is allowed, there are always the long blocks, especially in the upper East, where there are so few cross-town lines, where a nurse must perforce do a great deal of walking. And there is abundance of fresh air in New York, even on the East side, except on the, fortunately, rare occasions, when the ash men go on strike! There was one unspeakable week last June when the lower East side tried our powers of endurance to the limit, and yet it was interesting to discover how many different varieties of smells there could be in existence at one time, and each one worse than the last. But it is the exception rather than the rule to meet with any but fresh air on the upper East side. The exception is Monday morning!

The stairs are, of course, the bug-bear of our existence, and we sometimes wonder if the risk we run in nursing patients with pulmonary tuberculosis is not very great. We climb up four or five flights of stairs, then gasp, rather than breathe, in the infected air in our patients' rooms. But none of us appear any the worse for it. And it is possible, of course, though not

probable, that our talks on hygiene have borne fruit and that the air is not so very bad after all!

Sometimes it seems to us that all our patients live as near the sky as possible, and the dark, narrow, evil-smelling stairs are certainly a sore trial, though not so much so as the almost inevitable tenement cat! It is always wise to poke an inquisitive toe into the darkest corner of the darkest flight of stairs, and often one is rewarded by an ear-splitting "moew!" But that is better than a prolonged song-cycle when one steps carelessly and forcibly on poor puss!

We are, of course, dead tired after a day's work, but it is the kind of tiredness that induces sleep, instead of banishing it, as the tiredness earned in the wards so often does. And the fact that the Visiting Nurses are often asked if they have been on their vacation testifies to its being a healthy life.

Then there is undoubtedly a stimulating effect on the mind, in doing a work so entirely different from the routine work in the hospital. This course comes generally well on in the third year, when we have come to the point that makes us wonder if the course is not unnecessarily long. We are too tired to study, we know the routine work, and we are restlessly longing to get out of harness. So we welcome the Visiting Nursing as a blessed relief from monotony.

The chance to study human nature with all barriers down, the condition of the people, and the social and economic side of their lives in the crowded East side tenements, is one for which every nurse should feel grateful. We have, of course, an opportunity for studying character in the wards, but with most of the individuality lacking. Patients in the public wards are very much alike, or, if they show any marked eccentricities, they are generally of a most trying nature. But in their homes, where they are not obliged to conform to any rules, they can be their natural selves, whether pleasant or the reverse.

It is curious to see how the habit of obeying those in authority will cling to those who have been patients in a hospital. One old man we used to visit had spent some months in a hospital, but had come home to die, and he certainly did his utmost to make his family long for his demise! He was quite the most unamiable person it would be possible to imagine. His favourite diversion was the hurling of cups and saucers, knives, forks, and spoons, and such portions of his meals as did not take his fancy, at his long-suffering family, and his command of German profanity was awe-inspiring. Except for the latter accomplishment, he was rather like the Duchess' peppery cook in Alice in Wonderland. Indeed, the whole menage reminded us of that delightful book! The Hatter's tea-party was duplicated here! It did not matter at what hour we made our visits, there was always a meal in progress. Never did we behold the beginnings or end-

ings, but always the half-finished repast. The little old wife looked rather like the Dormouse, and was quite as mad as the March Hare, and as delightfully inconsequent. But the old man, violent as he was with his family, was absolutely lamblike with us, and even went so far as to thank us for our care, though sometimes we were obliged to hurt him quite badly.

It is most interesting to learn how these people manage or mismanage with so very little to live on. The contrast between the ways of two women we visited was extraordinary. One was a young woman with two children, who had complained at the Dispensary that she could not afford to buy milk for the children, one of whom was not very well. She was found entertaining a friend at tea—such a table—dressed in the most slovenly way, and the whole place dirty and untidy. She sullenly admitted that her husband was working and was getting ten or twelve dollars a week, but she didn't see why she couldn't get free milk as well as anyone else!

The other was a little German widow with three charming little girls, one of whom was quite ill. She had been a governess and belonged to very good people in Germany, but had cut herself off from them by her marriage to a man of whom they did not approve. She was, however, very happy, and when he died was too loyal to his memory to ask her people for assistance. He had left her a sum which brought her in six dollars a week, and she rented one room and made a little money by sewing, though, as she was not experienced, she did not make very much. But her rooms were the picture of neatness, as she herself and her children were, and the children looked as though they always had plenty to eat.

On one occasion we found a budding genius, who may perhaps make his adopted country very proud of him. His people were Bohemians, the mother a widow, who did washing for a living and also janitress work. The boy was only thirteen, and had had no instruction whatever in drawing or painting, but he did large canvases in oils and also painted in water colours and did wood carving. And while, of course, his work was very faulty and crude, it showed wonderful promise, and if he gets a chance to develop and some encouragement, he should make a name for himself some day. He used to sell his pictures to the neighbours, a small one for seventy-five cents, and a large one for a dollar and a half, quite irrespective of their relative merits!

There is a very entertaining side to this work to one who has a sense of humour, a quality which few nurses lack, else how could they ever stick to it if they did?

We all delighted in the cheerful old lady, with the short, sandy locks, that must always be tied with a bright-coloured ribbon!—who, besides having a fondness for personal adornment, possessed an inordinate craving for cold fish cakes, and pork

and beans. Her most trying peculiarity was her love for disreputable cats.

And there was a delightful old coloured woman, with an extraordinary family, though the only one we ever saw was the baby, who screamed every time we looked at her. The mother explained that she didn't like white faces. It seemed a curious lack of taste! The mother was over fifty, the baby a year old, and the husband twenty-seven. When she was asked if she had any other children, she laughed the fattest laugh, and exclaimed: "Laws, sakes, honey, yes, I have! My eldest daughter is thirty-five and her son is twenty, and his baby is over two years old!" One day we found the door locked on a madly-shrieking infant, and after hunting up the mother and expostulating with her about her neglect, she calmly assured us that it was not her baby, but a foundling she was boarding—and so it was! Her baby was contentedly chewing his finger while the little black stranger was simply bursting with grief!

But there is also a tragic side to this work, and the misery and worry and trouble when there is death in the family is a revelation, and a sad one. There was a nice Irish woman, whose daughter—such a pretty girl—was dying of tuberculosis, who was too poor to afford the services of a doctor, who asked us how she could avoid having a coroner's inquest when her daughter died! And also how she could get the insurance, as she had not enough money to pay the funeral expenses. The dread of an inquest was adding just as much bitterness to her sorrow. We, of course, called on one of our doctors, who managed everything for the mother without any charge whatever. Too much cannot be said in praise of the doctors—(and there are many)—who are ready to spend time and effort on behalf of those who can make no return.

It is curious how much melancholy satisfaction those people take out of a fine funeral. There was one poor little woman we visited, who lived in the extreme of hopeless squalor and misery, with a young son who was too crushed in spirit to take any interest in anything. She died of heart disease, but she looked as though she had been starved to death. The tales of a heartless sister who was rolling in wealth we discounted, until, when the woman at length died, we found the sister, fat and prosperous-looking, dressed in deep mourning, arranging the details of a grand funeral. The contrast between the poor little starved-looking woman, in her elaborate coffin, and the sister, was very striking.

The actual nursing part of the work teaches us a tremendous amount. In the hospital there is very little scope for originality, which is perhaps as well for the hospital, though not for the nurse! But in Visiting Nursing we are thrown on our own responsibility to a great extent, and we are expected to use

our own heads instead of appealing to some one in authority in all emergencies, as we do in the hospital. To a great extent we have to face the exigencies we meet with in private nursing, and for which, it must be confessed, the hospital training does not always fit us. It certainly seems as though the course of Visiting Nursing must of necessity be a great asset to any woman who aspires to become an all-round, well-trained, competent nurse.

A. E. B.

THE PATIENT'S ROOM.

"Sleep sweet within this quiet room,
O thou, whoe'er thou art;
And let no mournful yesterday
Disturb thy peaceful heart.
Nor let to-morrow scare thy rest
With dreams of coming ill;
Thy Maker is thy changeless friend,
His love surrounds thee still.
Forget thyself and all the world,
Put out each feverish light,
The stars are watching overhead—
Sleep sweet. Good night! Good night!"

Strange, perchance, you think, to consider such lines appropriate for a sick room. Look at them again; read them over carefully. Do we not find included in them that which is most essential in so far as a patient's requirements personally are concerned? Do they not breathe a benign influence which you strive much and often and persistently to obtain in any sick room? Let us linger over them a few moments.

Sleep.—"Nature's sweet restorer" is justly given the first place and the last place—the beginning and the end. We think of nothing craved and fought for more than this. You have fought for it, you have seen the craving for it, and you have seen the havoc played when it was not found. You know the conditions all too well. Need we make further comment upon it?

"This quiet room." Pause here for a moment. Now, let the restfulness of this whole line sink into your soul, then take a step farther. What do we find? Upon the distressing cares of yesterday the door is closed—the ills of to-morrow knock in vain for admission—and for to-day—"put out each feverish light." Nothing from without is allowed to disturb the rest, which is such an important factor during sickness and convalescence. One more step—"Heaven watching over all." Surely we feel stealing over us an indescribable sense of rest and peace, to which it were well for us to aspire in the sick room, and until

we realize fully the necessity for such a condition, much, very much, of our other work as nurses must be in vain. Perhaps you have the head of the household under your care. Remember, so long as there is any access to her, she will have to shoulder all the cares and worries which fall to the lot of such an one. Be firm in keeping all this away from her. The room is your domain. Make it a fitting ground for the rest of your work, and you have accomplished much. Leave this out of your consideration, and your own battle with disease, as well as your patient's, will be a longer and a harder struggle.

Bearing all this in mind, you will naturally choose your room as far away from the noise of the household as is possible. Of sunshine, you require a very goodly share. Your patient's life is in that room, and that life, for the time being, is robbed of much, sometimes all, of its brightness. Let Heaven's sunshine in; it will bring with it healing for body and mind. Needless to say, we speak not of certain diseases, in which the darkness must be part of the treatment; these you know of. Do not forget that your window has another purpose in life beside the admission of light. Only half its mission is fulfilled if you do not allow it to bring you all the pure air essential, and see well to it that your needs in this direction are supplied.

One word of caution: In choosing your room, do not overlook the walls. You have seen papers the designs of which seemed to challenge your eye the moment it rested upon them, and you immediately tried to follow the various convolutions, and reduce them to some sort of system, and to no purpose. You begin again, and yet again; the result is the same, till the mind is in a state of feverish unrest, and that paper becomes a perfect nightmare. Shun these. Walls restful to the eye are invaluable; others a constant source of discomfort, to say the least of it.

As to the arrangement of the room: Change only where change is necessary. In all probability it has been arranged by your patient, consequently it pleases her. Let it stay as she has chosen to have it, if you can, with her own little belongings in their accustomed place; it will give her pleasure. On the other hand, some changes may be absolutely necessary. If any opposition, a little judicious management will overcome this; and do not make the change until you have obtained consent. This may seem hardly worthy of consideration, but it must not be thought too trivial a matter; it often means more than we can comprehend to certain individuals.

Medicine bottles and everything of a like nature should be in evidence only as is imperative. But in your arrangement of the room, study the work to be done, planning it all so as to be able to accomplish your work with as little disturbance to the patient and the room as can be.

In placing the bed, the principal things to remember, aside

from the general ones already spoken of, are to have it so that there will be no draught from the window, and that the light may not shine directly in the eyes of the occupant. One word as to the appearance of the bed: Have your linen immaculate, but not to the oblivion of your patient's purse. Laundry, in many cases, is a consideration, and each fresh piece used may be a source of worry. Small worry, mayhap, you will say, but, remember, sickness makes mountains of molehills. This may be a molehill, and it may be a mountain. Anybody can keep a bed looking well with plenty of linen at command, but not everybody can do so with a moderate supply.

Flowers.—What shall we say of these beautiful little messengers? Messengers which can come to us without intrusion in sorrow or joy, in sickness or health, which carry our messages where we cannot go, and stay to help over the rough places where we are not permitted to enter. As they knock at the door of our room for admission, shall we turn them away? We say unhesitatingly, never, under any consideration other than the wish of your patient. They come from the outside world with a message, perhaps only of remembrance; shall we refuse to give that thought a place in the secluded life under our care? With all their beauty and brightness, they bring a message of cheer; give them a warm welcome; make room for them; treat them kindly always, never make them a source of regret at any time; daily care well for them, leaving nothing that speaks of decay; changing the water regularly, so that there may be no heavy odour, and in order, likewise, to prolong their little life. Do not leave them in the room during the night, and when you have freshened them up in the morning, as you return them to the room they will be a new source of joy.

Now, a word as to the care of the room, and we have done. Undertake that yourself. Except in very occasional cases it will be infinitely preferable. Every day remove all surplus dust, and do not allow it to accumulate until the removal will choke your patient with the abundance of it flying in the air in the taking away. If the care of the room is left to anyone other than yourself, this is likely to happen. Besides this, in doing it yourself you can suit the time for it to the other conditions in your room and to your work, without inconvenience to anybody. Hospital training must have taught you the importance of keeping everything free from dust where there is disease. Bring this teaching into your private room; keep it spotless. A well-kept room speaks of a well-cared-for patient, and an untidy, dirty room at once makes one skeptical as to the care the patient is receiving.

And so we leave you with the wish that in caring for your room thus, the rest it brings your patient, as a result, may lead you many times to reap the benefit of it in experiencing for yourself

the meaning of the sentiment expressed in the latter part of the lines we quoted at the outset:—

"Forget thyself, and all the world;
Put out each feverish light;
The stars are watching overhead—
Sleep sweet. Good night! Good night!"

N. GILMOUR.

Royal Victoria Hospital, Montreal.

SURGICAL NURSING.

One of our best nursing journals at the other side of the world, *The Australasian Nurses' Journal*, publishes the questions in Surgical Nursing set at the last Examination for Membership in the Australasian Trained Nurses' Association, together with the best answers, forwarded to *The Journal* by the examiner, with comments thereon, as follows:

1. Mention the dangers following tracheotomy, and how would you endeavor to prevent or combat them?

1. (1) Suffocation through the tube getting blocked with false membrane. Keep the tube well cleaned by feathering; if the membrane is still there take the inner tube out and use the feather. (2) The patient may cough out the tube. Watch carefully, and if this occurs place hooks in the opening, and keep there till surgeon arrives. The same applies if patient pulls tube out. Keep hands tied down so that they cannot do that. (3) Any sudden exertion or excitement of the patient may cause heart failure, and on no account allow patient to sit up, as the strain on the heart is very severe. (4) Watch for albumen in the urine, as the patient may have nephritis. (5) Paralysis may occur—general, or of the soft palate, or vocal cords only. Watch for movement in parts, and see if any part is becoming affected, and report to doctor; if the soft palate is affected you will be able to tell in the way the patient takes nourishment. The patient may get pneumonia; keep warm, avoid any draughts; watch carefully any signs; see how they are breathing; if they have recession. Keep under a steam tent; give oxygen if breathing is getting bad. Carefully watch pulse, as it changes so very quickly, and, if necessary, give a hypodermic injection of strychnine; if a child, m. iii. (p.c. strength), if an adult m. iii. to v. (full strength), and watch carefully patient's color. If they are becoming cyanosed and struggling for breath, take out the inner tube and use the feather. The most essential thing is to keep the tube clear of membrane by feathering; at the same time don't use the feather too often unless necessary, as it sometimes distresses the patient.

(This question is well answered so far as the Nurse has gone. She has presupposed that tracheotomy is done for diphtheritic obstruction only, omitting to mention a simple tracheotomy for a tongue or jaw operation. She omits to mention the complication of hæmorrhage.)

2. Describe the preparation for application of plaster of Paris bandage in a case of fracture of upper end of femur.

2. Preparation for application of plaster of Paris bandage in case of fracture of upper end of femur.—Nurse should have ready: Large board, with basin on; ordinary roller bandages to cover thigh before application; plaster of Paris, in tin; bandages previously rolled in plaster; jug containing water; large spoon; strips of tin to strengthen plaster splint; sheets of paper to prevent soiling of bed; sugar or salt to help in removing plaster from the hands; apron for the doctor; the patient's bedclothes and own clothing suitably arranged to prevent undue exposure. When sun is considered insufficient to dry plaster, have hot tins ready filled to be placed in the bed to assist the drying.

(Few grasped the point in this question, viz., that beyond the ordinary requisites for plaster application, strips of tin would be necessary to strengthen the plaster, also a hernia block or sandbag to support the pelvis. The Nurse in this case has omitted to mention a support for pelvis or any preparation of the parts, such as shaving or washing.)

3. Discuss the after-treatment of a case of perinæorrhaphy.

3. One of the most important points about the after-care of perinæorrhaphy is that the greatest care must be taken to keep the stitches dry and clean. If necessary to pass the catheter, place a swab of absorbent cotton to prevent even a drop of urine getting near the dressing; also when the bowels act, patient must be properly cleansed afterwards, and clean dressing placed on the wound. All strain must be avoided; a pillow placed under the knees, and the knees tied together. If vomiting occurs, the Nurse must support part with her hand; the patient must be kept perfectly quiet, and bowels must not become constipated, as that will cause much strain on the part. The catheter must be passed if necessary.

(This is a good example of a clear, brief answer. The Nurse, perhaps, goes too far in stating that the bowels should be kept free, but she very wisely gives a reason for her action.)

4. In the after care of an abdominal section, what are the most important points to be noted by the Nurse in the first 48 hours?

4. In the after care of an abdominal section, the most important points to be noted by the Nurse are:—Pulse, if weak, quick and running, may denote hæmorrhage; if slow and irregular, may denote collapse. Respirations, whether shallow, sighing or quickened; temperature, if low or raised. If patient complains of pain in abdomen; if vomiting is severe and continuous; if patient passes flatus. Color of patient, whether flushed or pale, or if sweating or

not. Notice any abdominal distension. Watch bandages for signs of hæmorrhage. How often patient passes urine, and in what quantities; note anything abnormal about it. State result of aperient or enema. That the bedclothes are not weighing heavily on abdomen. Note the temperature of the room, and keep at about 60 degrees F. How patient takes nourishment, whether willingly or otherwise, and if restless. Note if patient is warm and comfortable. How much sleep patient has. Notice the effect of drugs that have been ordered. Care to be taken that the patient is not at any time in a draught; that the patient is in the dorsal position and does not toss about.

(This answer is short and to the point. Many said too much, going into the whole of the after-treatment of a section case. The question was:—What are the most important points to be noted by the Nurse?)

5. Give details of one method of washing out the bladder in an adult female patient.

5. Washing out the bladder should be done aseptically, therefore all bowls, dressing cloths, etc., and the Nurses' hands should be sterile. A piece of rubber tubing, to one end of which is attached a glass catheter and to the other a small glass funnel, may be used. There will be needed a bowl of lotion and swabs for swabbing up the external genitals, a receiver for soiled lotion, a glass measure containing boracic or the particular lotion ordered, and the usual dressing towels. Cover patient's legs and pubes with sterile cloths; after swabbing up external parts, the Nurse's hands should be again washed in weak lysol. The catheter should be lubricated with sterile vaseline—passed and the bladder emptied. Then the lotion should be poured slowly in until patient cannot bear any more; the funnel should then be lowered, and the lotion allowed to run back into receiver. This should be repeated until lotion returns clear. Measure lotion before and after washing out process. Swab up orifice of urethra when finished. Temperature of lotion about 98 to 100 degrees F.

(This question was almost uniformly well answered. The Nurse in this particular case has omitted to mention the removal of the sterilized cloths from the patient, and the making of her bedclothes comfortable—a small error of omission only.)

A SHORT COURSE ON HOSPITAL METHODS.

For some time past the feeling has been growing among hospital workers in different parts of America, that a short course dealing with hospital methods—something that would not mean the abandonment of a hospital position to secure, would be of great value to hospital superintendents, principals of training

schools and head nurses, in broadening their knowledge of their special occupation.

This need was expressed in a paper read by Miss Sheppard at the September meeting of the Canadian Society of Superintendents of Training Schools, and almost at the same time in a petition presented to the American Hospital at its convention in Chicago.

It is hoped that the subject may be more fully discussed at the next meeting of the American Hospital Association in Toronto, in September, 1908. It has therefore seemed wise to present some plans that have been suggested for such a school, for the consideration of the readers of the CANADIAN NURSE who are interested in the subject.

It has seemed to me that a summer school, such as workers in other fields have enjoyed for years, might be conducted (perhaps for only ten days, or two weeks at first), along the following lines: It might be divided into five sections. One section would deal with hospital architecture, equipment, etc., and with the organization of the hospital in its different departments, obligations of trustees, functions of committees, superintendent's duties, methods of purchasing stock supplies, such as coal, laundry supplies, surgical goods, etc., and the accounting for the same. Some phases of this department could be selected for special emphasis each year.

This section might also include hospital bookkeeping and the general economics of administration. It is believed that hospital superintendents and trustees of newer hospitals, especially, would profit by such a course.

Another section might deal with training school government, organization of nurses in wards and operating rooms, duties of head nurses, methods of teaching, bookkeeping for training schools, etc.

Another might deal with hospital housekeeping, purchase and management of domestic supplies, management of kitchen and laundry, dietaries, etc.

Another might deal with clinical methods, those newer methods that have found favor, and given good results along medical, surgical, obstetrical, dietetic, orthopedic, and other lines of hospital work. This would be particularly for the benefit of workers in hospitals away from medical centers. It is thought that a series of demonstrations of practical methods combined with lectures, given in one or several hospitals, would be eagerly welcomed by many who are not sure they know it all, though they have been in hospital work for years.

Whether such a school would best be held at some summer resort where recreation could be combined witih education, or whether it might more wisely be arranged for educational purposes alone to precede the annual convention of the American Hospital Association, are points to be thought about.

A recent letter from a Canadian Superintendent who attended

the Chicago meeting favors the latter course. In fact, quite a number have expressed themselves as in favor of the latter plan.

This is a movement that will benefit particularly the workers in small and medium-sized hospitals. These hospitals do not have expert trained heads of every department and the Superintendents and Head Nurses in such institutions need a broad education, need to be well versed in all departments of hospital work. The Superintendents of large hospitals, with a full corps of expert assistants, do not specially feel the need of such a course, though some of them have said they would gladly take advantage of it. If this summer course on hospital methods is to become a fact, as many hope in the near future, it means that the representatives of the small and medium-sized hospitals must talk it up, work for it, and make their desires known. If this is done persistently, it will surely come.

CHARLOTTE A. AIKENS.

Clinical Department

THE CARE OF THE HANDS.

Of the many aspects of personal hygiene, none demands more emphasis where nurses are concerned, than the care of the hands. Some nurses are extremely careful about the care of their heads and feet, and exceedingly careless regarding the care of the hands.

A physician is responsible for the statement that he believed three out of every four cases of typhoid fever contracted while nursing such patients, could be traced to infection carried by the hands. He believed that a great many nurses were not sufficiently careful to observe due precaution in hand scrubbing and hand disinfection after personal attentions to the patient.

Are all superintendents as careful as they ought to be in warning nurses of these dangers? Are they always careful to give clear, practical, pointed, instruction regarding the dangers and methods of prevention, before putting nurses on duty in the wards? Are nurses as careful as they ought to be in observing precautionary measures they know should be observed for their own safety as well as the safety of others concerned. To be heedless in the midst of danger is no sign either of heroism or of common sense. Does not much of the illness that occurs among nurses in training occur from purely preventible causes? Many pupil nurses exhibit no more sense regarding their own health than might be expected from a child of ten years. They know better. They can talk learnedly to other people about what they should do, but they, in many cases, utterly fail to practice what they preach.

A superintendent passing through a ward observed a nurse, one who was about to graduate in a few months, about to remove a vaginal packing and give a douche. The case was cancer of the uterus; the packing was filthy, odorous, and dangerous, and the nurse knew it. It was only by chance, a few minutes later, that the superintendent discovered her removing this packing with her unprotected fingers, because "the thumb forceps had been sterilized to handle clean dressings." Why will nurses do such things?

Infected fingers are all too common among nurses. Suffering occurs, time is lost, and the work embarrassed, many, many times, simply because a nurse was careless enough, or slovenly enough, or foolhardy enough, (it seems to be a mixture of all three elements) to handle pus dressings with her fingers instead of with her forceps. However many pairs of forceps a hospital may provide for ward dressings, every nurse needs her very own forceps, which she should carry with her all the time she is on duty. She needs these forceps from the first day she begins to take care of a patient. No nurse can afford to run the risk of handling infected dressings with her fingers. It is a bad paying policy as well as bad nursing practice—one that stamps a nurse at once as either careless or badly trained.

For hand disinfection in nursing the infectious fevers, nothing is better than a lysol solution. A one per cent. solution will usually be sufficient. This can be quickly made anywhere, using one and a quarter drachms of lysol to each pint of water. For her own protection a nurse should carry a little bottle of this or some other disinfectant in her satchel, and keep a basin of hand solution for her own use in a convenient place. Lysol does not dry and harden the skin or discolor it as bichloride of mercury does, and is a good deodorant as well as being a disinfectant. In addition to keeping hand solution basins within convenient reach in hospitals, there should be in every hospital bathroom, especially during the cold weather, a bottle of some good hand lotion accessible to nurses. Each nurse on private duty should have her own hand lotion.

Operating room nurses need to give especial care to the hands, not only for their own protection, but for the protection of the patient. In a case of double inguinal hernia, which should have healed perfectly, both sides suppurated, and it looked, for a while, as though both operations would have to be done over again, so great was the suppuration. Every possible avenue by which infection might have reached the wounds was studied, and the verdict was finally rendered that as far as human judgment could discover or decide, the nurse's hands were the cause of the trouble. They were full of cracks and chaps, and so sore for lack of intelligent care of them, that thorough hand disinfection was impossible. She herself had made no complaint of the condition of her hands, and neither the superintendent nor surgeon had observed it. She meant to be careful, but she was not intelligently careful. She

may not have been entirely at fault. Her superintendent may have been partly to blame, but whoever was at fault the patient and the reputation of the hospital and the doctor all suffered.

If it is necessary for a nurse to go on duty in the operating room with her hands in that condition, rubber gloves should certainly be worn. Painting cracks in the hands over with collodion helps to prevent infection, but it is better to prevent the cracks if possible by proper daily care of the hands. A fissure on the finger should be protected by a rubber finger cot. Every private nurse should own her own supply of finger cots as well as her rubber gloves for use in surgical work or in handling septic cases. To use forceps for everything possible, instead of fingers, in handling dressings of all sorts, is a rule that a nurse cannot learn too early to put into practice. To wash the hands thoroughly before going to meals or taking food, is another equally important precaution to be taught and to be observed. Nails should be kept short. Hang nails often prove to be points of infection. These should always be regarded as dangerous in their possibilities, and should be closely cut and sealed over, or covered with a finger cot till the point has healed. This alone would prevent a great many infected fingers.

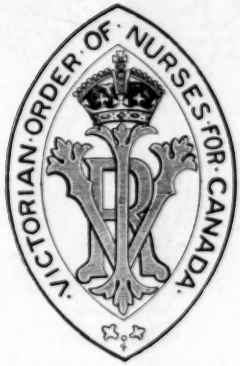
CHARLOTTE A. AIKENS.

HIS HONOUR THE LIEUTENANT-GOVERNOR presided at the ninth annual meeting of the Toronto branch of the Victorian Order of Nurses, which was held in the Council Chamber of the City Hall, Toronto, on February 12th.

The number of patients visited during the past year by the Victorian Order of Nurses was given in the yearly report of the Superintendent, Miss Evans, as 529. In visiting these patients the nurses had made 7,018 calls, an increase of 68 patients, and 102 calls over last year. The number of night visits was 294.

The number of doctors under whom the nurses work is 312, and it is worthy of note that out of 2,219 obstetrical cases nursed since the branch was started in Toronto, only two deaths have occurred. No case is refused on account of poverty, and the fee in some cases does not pay the nurse's car fare. The number of paying patients this year was 457, from whom the fees totalled $1,825.05.

During the year three nurses have received appointments, namely, Miss Green, as district nurse in London; Miss Wallace, as district nurse in Hamilton, and Miss MacPherson, as district nurse in St. John, N.B. These nurses bridge a space between the graduate nurse, at eighteen to twenty dollars a week, and the nurses to care for the poor, as their services are available at full value for a short time for those who can and are willing to pay in full, but who do not need a nurse all the time. They also look after those who can only pay in part. All are trained, graduate nurses, who have given themselves up to this work.



DURING the month of December the V. O. has cared for 1,073 patients, 790 of these have been new cases, 5,705 visits have been made by our district nurses.

Two new districts have been opened, the first in Fernie, B.C. Miss Andrews, who has been in the V. O. district work in Vancouver, has been sent to start this work.

The second is in Stratford, Ont. Miss Fyfe, who has been in the Swan River Hospital for some years, as Miss Momsey's assistant, has been sent to build up this district.

We hope that such signs of growth in the Order are ground for rejoicing to us all. And we wish these nurses every good fortune in their new posts, and counsel them to have patience, if the work comes in slowly at first.

VICTORIAN HOSPITAL, ALMONTE.—A new hospital has just been erected to take the place of the building which has been serving that purpose in a very limited way for some time past. Excellent accommodation is provided in the new building, and it is to be fully equipped for the work of caring for the sick. The hospital will stand as a monument to the philanthropic spirit of Mr. B. Rosamond, by whose generosity it has been built.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Apply, the Superintendent, 206 Spadina Avenue, Toronto.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

The tenth annual meeting of the Montreal Branch of the Guild was held on Tuesday evening, Jan. 21st, when, in spite of bad weather, there was a large attendance of members and friends. The minutes of the last annual meeting were read, and the reports of the Secretary and Treasurer submitted. During the past year three nurses have been admitted into the Guild as Associates, and five have become full members. Five new hon. members have been enrolled, and the Rev. J. M. Almond, rector of Trinity Church, has joined the Guild as a Priest Associate. Two members and one Associate have severed their connection with the branch on account of removal from Canada, while one member, Miss Hardisty (R. V. H.) passed away after a long illness on Sept. 21st. The number of members now on the roll is 51, besides 3 Associates and 13 Hon. Members. Of these 31 members and 2 Associates are in Montreal and its neighborhood, while the rest are scattered over Canada, from British Columbia to Cape Breton, and in various parts of the United States.

During the year 7 evening and 8 afternoon meetings have been held, besides the Festival Meeting and a Special Meeting at the time of Miss Wood's visit here. At these regular meetings the average attendance has been 13.5 at the afternoon meetings and 19.4 in the evenings. The special meeting in June, and the regular evening meeting in November were held by kind invitation of Miss Livingston in the Montreal General Hospital, and were much enjoyed by all present, as indeed these hospital meetings always are. Mention was made in the report of Miss Wood's visit and also of the work done by the members for the V. O. last Lent, but as these matters have already been referred to in the CANADIAN NURSE it is needless to say more at present.

(Continued on page 144.)

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
. . . . . .
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

THY LIFE.

And doubtless unto thee is given
A life that bears immortal fruit,
In such great offices as suit
The full-grown energies of Heaven.

—*Tennyson.*

THE MODERN KNOWLEDGE AND THE ANCIENT FAITH.

There is one other phase of Lord Kelvin's character that in these present days is particularly worthy of note. He, at least, did not find a thorough acquaintance with the deepest problems of science and a conviction of a first great cause, with its inevitable corollary of a future life for man, incompatible. Addressing medical students recently, he said: "Do not imagine that by any hocus pocus of electricity and viscous fluids you can make a living cell. You must never think of the living men and women and children, with whom you will have to deal in your daily work, as mere laboratory specimens, but as human beings. . . . Be not dazzled by imagining that because Berthelot and others have made foodstuffs they can make living things, or that there is any prospect that a process will be found in the laboratory for making a living thing, whether the minutest germ of bacteriology or anything smaller or greater. There is an absolute distinction between crystals and cells." And earlier, in his presidential address to the British Association for the Advancement of Science, in 1871: "It is also impossible to conceive either the beginning or continuance of life without an overruling creative power, and, therefore, no conclusions of dynamic science regarding the future condition of the earth can be held to give dispiriting views as to the destiny of the intelligent beings by which it is at present inhabited." We have gone somewhat out of our way, perhaps, to quote these words, not with a view to criticising those who have arrived at a different conclusion, but rather as a solace to those who are pained at discovering, as they think, an antagonism between the facts of science as they have now learned to know them and the verities of ancient faiths as they would wish to continue to believe them. It is certainly worthy of note that even in these latter days a man of science, of undeniable pre-eminence in the branches that more perhaps than others have led in many minds to this *impasse* between the modern knowledge and the ancient faith, finds in the place of contradiction a compelling unity.—The Journal A. M.A.

The Canadian Nurse

VOL. IV. TORONTO, MARCH, 1908. No. 3.

Editorial.

GOOD ADVICE.

An English nurse who arrived at Halifax the other day and speedily made her way to Montreal, says of us in a contemporary: "As to Canadian nurses, to me they appeared very "keen," intensely loyal to their own training school, and very thoroughly trained. They are aiming at the highest possible standard, yet their buoyant belief in the perfection of their own hospital somewhat hinders their appreciation of any methods but their own. But it is quite possible that other countries and other hospitals may have a few ideas and methods which they would even do well to adopt!"

That is quite true. There are very few people who can take advice, but we hope Canadian nurses can and will.

A POST GRADUATE SUMMER SCHOOL.

An article by Miss Aikens on this subject in the present number will be found of interest and importance. It should be possible to organize such a course as that outlined with a fee of about $10.00 attached, to last two weeks and to be very helpful and practical.

Now what do our readers say, especially those who are working in the hospitals of say twenty, fifty or one hundred beds, which do such good work all over Canada. Would you like it? Could you come in 1909? Do you think ten dollars a reasonable fee? Where would you like the "school" to be held? To make it a success, it is hoped that the Graduate Nurses' Associations, the Training School Superintendents' Associations and the Hospital Associations, both in the United States and Canada, would endorse it, and help to make it a success. Mr. John Ross Robertson and other prominent hospital authorities have expressed their willingness to co-operate. We shall be glad to receive letters on this subject at our readers' earliest convenience.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The annual meeting of this important society will be held on Easter Saturday, April 18th, 1908. By the kind invitation of Miss Brent, both the session of the Executive Commlttee in the morning and the meeting of the Association itself at 2 o'clock in the afternoon will be held in the beautiful Maria Robertson Residence for Nurses of the Hospital for Sick Children, College Street, Toronto. Besides much important business, there will be an address on tuberculosis from Dr. Harold C. Parsons, Chief of the Tuberculosis Clinic at Toronto General Hospital, and two addresses on the work of "The Canadian Nurse," by Miss Morton, Superintendent of the General and Marine Hospital, Collingwood, and Miss Bella Crosby, President of the Toronto Nurses' Central Registry. The social part of the programme, to follow the business and addresses, is looked forward to by all. It is hoped that there will be a large meeting, that members will be punctual in their attendance, and that the meeting will surpass in profit, in interest, and in enjoyment, that of any previous year.

THE MAY FETE IN TORONTO.

We have much pleasure in announcing, at the request of the President and Directors of the Toronto Graduate Nurses' Club, that arrangements are already well advanced for the Fete, which it is hoped will almost, if not quite, provide the money for the much-needed and much-desired Nurses' Clubhouse for the profession in Toronto. With the inspiring example of Kingston, where the Ladies' Aid Society of the General Hospital, made a sum of nine thousand dollars, and the equally inspiring example of Ottawa, where the Anti-Tuberculosis Fete realized about fifteen thousand dollars, surely Toronto will "do herself proud" on this occasion. It is hoped that we may be able to secure permission to use one of the University buildings for the purpose, and the club now appeal to all the nurses and their friends everywhere to help, and to get to work at once to make the May Fete a grand success.

Among the booths will be: Candy, Fancy Work, Kitchen, Household, Flower, "My Lady Beautiful" (Toilet Articles and Preparation), Tea Room.

Among the special attractions are: Demonstrations in Home Nursing and "First Aid," Model Kitchen with Demonstrations in Cooking, Concerts, Private Theatricals, Lime Light Views, Fortune Telling.

The following are wanted: Pickles, Jams, Home-made Candy, Toilet Preparations, with recipes.

We hope all our readers in Toronto and elsewhere who are interested will take hold of the project at once and work hard for its success. Further particulars will appear in our next issue.

Editorial Notes.

GREAT BRITAIN.

A Great Public Meeting.—Friday, February 21st (just the day that this number passed through the press) will be Red Letter Day for British Nurses, because they will then hold a great Public Meeting in Caxton Hall, Westminster, London S. W., in support of the State Registration of Trained Nurses. The object of the meetings is both Educational (to educate the public), and Demonstrational (to show that nurses know what they want and will prevail to get it). Caxton Hall is a noble place. We were there this summer, and the CANADIAN NURSE would give much to be there again, to see, to hear, and to support when Lady Helen Munro Ferguson takes the chair.

Crimean Veterans.—Soldiers and nurses who were in the Crimea are not forgotten by Lord Roberts, who has organized a Veterans' Relief Fund. At the recent anniversary celebration a good many of the veterans came from the workhouse to take part, and everybody felt that was not right. Three nurses, at least, are living who once served under Miss Nightingale, and the nation wants them provided for. One of the three, Nurse Fagg, was told about the King honoring Miss Nightingale, and replied: "Nothing can be too good for her."

ENGLAND.

School Nurses.—The Durham County Council will appoint three school nurses at a salary of £150 a year, to assist the school physicians.

Catholic Nurses' Association.—Recent meetings of the Association at S. Gertrude's House in Manchester have been very profitable and successful, interesting addresses being given by Father Osmund Woods.

For Lonely Nurses.—The Pastor and Sisters of Bloomsbury Baptist Church will hold every Wednesday in the Bloomsbury Institute, 51 New Oxford Street, London, "At Homes for Nurses," where nurses, away from home and friends, may read, write, and talk to each other. There will be two hostesses present. This is Sister Dorothy's idea. She realized in a few months' training at Friedenheim, how lonely a nurse's life is and how busy—lonely and busy enough to make it easy to forget Spiritual things.

IRELAND.

Organization.—This was the title of an inspiring address delivered before the Ulster Branch of the Irish Nurses' Association by Mrs. Kildare Treacy. Lady Hermione Blackwood was in the chair, and the gathering was a very pleasant one. Mrs. Treacy's

concluding words are well worth quoting across the sea: "Surely ours is a noble profession, and one well worth fighting for. Mercy, pity, and love are the ascending steps of this ladder of our travail, and always with a humble consciousness that it is for the sake of Him who went about doing good."

SCOTLAND.

The Royal Infirmary, Glasgow.—Forty years ago, for the first time, a gathering of managers and nurses was held at the Royal Infirmary. This year the Lord Provost presided over the fortieth anniversary gathering, and spoke especially of the survivors who had been present at their gathering, including Nurse Kate Bell, who had been one of Lord Lister's assistants in his great work.

AUSTRALIA

The A. T. N. A.—A branch of the Australasian Trained Nurses' Association has been formed in West Australia. All the Australasian States are in line with the A. T. N. A. now except Tasmania.

SOUTH AFRICA

The Graves.—The Loyal Women's Guild of South Africa chose All Souls' Day on which to decorate the graves at the cemeteries in all the large garrison towns. By kind permission of the officers, the garrison bands were present and played the hymns, the Reveille, the Last Post, and Chopin's Funeral March. A number of army nurses were present.

AMERICA

The University of the State of New York.—The Regents have added a Committee of Nurses to their Advisory Council. This is a great step in advance, and a fine recognition of the nursing profession. The representatives are: Miss Goodrich, of Bellevue, New York; Mrs. Simpson, of Albany; Miss Jones, of Rochester; Miss Root, of Gloversville, all Superintendents, and Dr. W. L. Russell, of the State Lunacy Commission.

FRANCE

Army Nurses.—The British Medical Journal announces that an important change is about to be made in the nursing in the Military Hospital of Val-de-Grace, where for the first time an examination is to be held for female nurses to attend on the sick soldiers instead of male nurses as heretofore. The candidates must be preferably between the ages of 21 and 25 years, and possess a nursing diploma granted either by the Assistance Publique or other teaching body agreed to by the Minister of War. The probationers will receive £32 (800 francs) per annum.

HOLLAND

School Nurses.—Miss Annette J. Samkalden van de Cappellen, from Holland, will spend three months in London, by arrangements made through the kindness of Dr. James Kerr, Chief Medi-

cal Officer, and Miss Pearse, Superintendent of School Nurses, to the Education Committee of the London County Council. Miss Van de Capellen will study thoroughly the work of the School Nurses in London. Her visit is the direct outcome of interest aroused in this subject at the great Paris Conference.

EGYPT

Fifty Years Ago.—In Alexandria, just 50 years ago, three deaconesses from Kaiserswerth landed as nurses, sent by Pastor Fliedner in answer to a request of the German and British Consuls-General. There has been a German Hospital there ever since, and the anniversary was fully celebrated by a church service, a banquet, and the laying of the corner-stone of the new German Hospital.

SPAIN.

The King of Spain.—On his way home from England the King of Spain visited Tondu Hospital at Bordeaux and was very kind and agreeable. Visiting the wards, he spoke to the patients, accepted some flowers from a Spanish nurse for the Queen, and specially enquired for a Spanish patient. Before leaving, His Majesty asked the Superintendent, Miss Elston, if she were English, and, on receiving an affirmative reply, spoke to her in her native tongue, saying that he knew how high the standard of nursing was in England.

The Queen of Spain.—Accompanied by Princess Henry of Battenberg, the Queen of Spain paid a surprise visit to the Belgrave Children's Hospital during her recent sojourn in England. Her Majesty was specially interested in the Children's Ward, and told the nurses about her own baby.

Correspondence

THE EDITOR THE CANADIAN NURSE:—

DEAR MADAM,—There was very little sickness in Lloydminster till October, 1907, when a case of typhoid appeared, and the Ven. Archdeacon Lloyd's house was rented as a temporary hospital.

The two first patients were the typhoid, before mentioned, and a man with fractured leg and ribs, and from that time Lloydminster has felt the need of an hospital. From October, 1905, until September, 1907, there have been 150 patients; the work has been general; typhoid fever, 27, with two deaths. There have been six deaths altogether.

Lloydminster has been incorporated this year, and we hope next year to have a fair-sized hospital. This is the only one between Battleford and Vegreville, about 200 miles apart. We have nine beds. The hospital has been furnished by the exertions of the

Ladies' Hospital Aid Society. There are only three nurses in the town—a general nurse, a maternity nurse, and myself, the only one in the hospital, but there will be a nurse in training next month. There are three doctors now, one having settled here quite lately, all of whom attend their own patients here.

I think THE CANADIAN NURSE a most helpful paper. I am English trained. My training school is the Royal Hants County Hospital, Winchester. Hoping this is not too lengthy,

I am, yours very sincerely,

NURSE BEVERIDGE.

The Hospital, Lloydminster, Sask.

The Contributors' Club.

WHAT I LEARNED IN 1907.

ENEMATA.—When enemata causes a typhoid patient's temperature to rise, this ill-effect may be avoided by using weak soapsuds made of pure castile soap and boiled water, with the addition of sodae bicarb. 3ss. to each quart. Best results are obtained by administering this enema high.

OBSTETRICS.—A friend, who has long been noted for her skill in maternity work, uses in an ordinary obstetric case pure castile soap and boiled water for external cleansing.

MILK.—It is possible to procure fairly clean milk from a questionable dairy by sending a sterilized "self-sealer" under the cover of which has been tied a piece of sterilized cheesecloth, with instructions to have the milk drawn directly into the jar. Cheesecloth is removed by the milkman before the glass cover is replaced.

X. Y. Z.

To the Editor of THE CANADIAN NURSE.

DEAR MADAM,—I have just returned from Fernie, B.C., a pretty place, surrounded by mountains—Mount Hosmer, The Three Sisters or Trinity Mt., Mount Fernie, and The Lizard range, also some others that I did not hear named. At night the coke ovens throw quite an illumination, but the smoke from them is rather disagreeable. I went to Fernie to nurse a case of typhoid. The patient was in the third week when I got there. The temperature was running from 101 to 104 degrees, constant delirium, patient perspiring freely; had to change gown frequently; abdomen showed quite a lot of rose spots. After a few days body and limbs were covered with a bright red rash, which gradually turned darker, and then died away. On the fifteenth day after my arrival temperature became normal and delirium disappeared, but

patient seemed to remember all that he had tried to do and almost everything that he said while delirious. I would like to know if it is usual for a typhoid patient to perspire all through the illness, as this is my first case of that kind. E. P. M

Calgary, Alta., 1908.

[It is not at all unusual for a patient with typhoid to perspire freely, especially in the third and following weeks.—Ed.]

Official Department.

The Canadian Nurse has the honor of publishing official information from:

Queen Alexandra's Imperial Military Nursing Service.
The Canadian Permanent Army Medical Service (Nursing Branch).
The Canadian Society of Superintendents of Training Schools for Nurses.
The Association of Hospital Superintendents of Canada.
The Canadian Nurses' Association.
The Manitoba Association of Graduate Nurses.
The Graduate Nurses' Association of Ontario.
The Victorian Order of Nurses.
The Guild of St. Barnabas for Nurses.
The Collingwood G. and M. Hospital Alumnæ Association.
The Calgary Graduate Nurses' Association.
The Edmonton Graduate Nurses' Association.
The Ottawa Graduate Nurses' Association.
The Fergus Royal Alexandra Hospital Alumnæ Association.
The Galt General Hospital Alumnæ Association.
The Guelph General Hospital Alumnæ Association.
The London Victoria Hospital Alumnæ Association.
The Kingston General Hospital Alumnæ Association.
The Montreal General Hospital Alumnæ Association.
The Montreal Royal Victoria Hospital Alumnæ Association.
The Ottawa Lady Stanley Institute Alumnæ Association.
The St. Catharines General and Marine Hospital Alumnæ Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnæ Association.
The Toronto Grace Hospital Alumnæ Association.
The Toronto Graduate Nurses' Club.
The Toronto Hospital for Sick Children Alumnæ Association.
The Toronto Riverdale Isolation Hospital Alumnæ Association.
The Toronto St. Michael's Hospital Alumnæ Association.
The Toronto Western Hospital Alumnæ Association.
The Winnipeg General Hospital Alumnæ Association.
The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Cooper, 505 Sherbourne St.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall, 666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Leman, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representative on Editorial Board of THE CANADIAN NURSE, Miss Hamilton.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman,

Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss E. A. Williams, Miss K. M. Mathews, Miss G. H. Caulfeild, Miss H. M. B. Carter, Miss K. H. M. Holmes, Miss G. H. C. Paynter, Miss C. Webster.

POSTINGS AND TRANSFERS.

Matrons.—Miss E. A. Cox to M. Hp. Tidworth, from the M. Hp., Millbank, London.

Sisters.—Miss A. B. Wohlmann, to M. Hp., Tidworth, from Connaught Hp., Aldershot; Miss E. M. Lang, to M. Hp., Tidworth, from R. V. Hp., Netley; Miss M. E. M. Grierson, to the A. M. Hp., Millbank, London, from M. Hp., Portsmouth; Miss F. G. P. de Stourdza Zrinyi, to R. M. I., Dublin, from R. H. Hp., Woolwich.

Staff Nurses.—Miss V. L. Batteson, to M. Hp., Tidworth, from M. Hp., Hounslow; Miss C. A. Coat, to M. Hp., Tidworth, from The Q. A. M. Hp., Millbank, London; Miss C. W. Jones, to M. Hp., Tidworth, from The Q. A. M. Hp., Millbank, London; Miss C. V. S. Johnson, to M. Hp., Hounslow, from Cambridge Hp., Aldershot; Miss D. M. C. Michell, to The Q. A. M. Hp., Millbank, London, from M. Hp., Colchester; Miss M. Plaskitt, to The Q. A. M. Hp., Millbank, London, from R. H. Hp., Woolwich; Miss J. Murphy, to R. M. I., Dublin, from M. Hp., Colchester.

ON APPOINTMENT.

Miss G. Hughes, to R. V. Hp., Netley; Miss E. A. Williams, to R. H. Hp., Woolwich; Miss E. S. M. Forrester, to M. Hp., Colchester; Miss K. M. Proctor, to R. H. Hp., Woolwich; Miss A. E. M. Steen, to Cambridge Hp., Aldershot; Miss A. E. Allen, to M. Hp., Portsmouth; Miss G. H. Caulfeild, to Connaught Hp., Aldershot; Miss H. M. B. Carter, to R. H. Hp., Woolwich; Miss K. A. Broade, to M. Hp., Colchester; Miss C. Skinner, to R. M. I., Dublin; Miss C. R. Townend, to R. M. I., Dublin.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Miss M. Willes, Miss E. M. Lovell, Miss F. Macpherson, Miss M. H. Smyth, Miss C. E. A. Harries, Miss A. P. Wilson, Miss C. M. MacRae.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

Hospital and Training School Department.

The Editorial Board beg to state that items for this Department will be welcome, and are published free of charge. Please send them at once, as soon as the events occur, addressed THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

HAMILTON may soon have a Children's Hospital.

THE new Railway, Marine, and General Hospital at Port Arthur is nearly ready.

THE sum of $10,000 has been given towards establishing a Children's Hospital at Halifax.

THE city of Regina has taken over the Regina Victoria Hospital, assuming its assets and liabilities.

A NEW hospital was opened at Parry Sound in November, with Mother Benedict, formerly of Peterborough, in charge.

FUNDS are being raised with which to establish a hospital at Orangeville. Several other towns in Ontario are moving in this way.

A NEW General Hospital at Selkirk, Manitoba, has been opened. It will accommodate 25 patients. There are two public wards, four private wards, and three semi-private wards.

OWING to the increased number of patients admitted during the past year, many of the hospitals of the province have been overtaxed and are greatly in need of more accommodation.

AT THE recent annual meeting of the trustees of the General and Marine Hospital, at St. Catharines, it was decided to take steps to raise $75,000 for the erection of a new building for the hospital.

A MAGNIFICENT addition, costing nearly $200,000, has lately been opened at the Misercordia Hospital, at Winnipeg. This increases the capacity of the hospital to three hundred, the former capacity being one hundred.

A LARGE addition, 61 x 33 feet, is being made to Victoria General Hospital, Renfrew, which, when completed, will practically make it a new building, with accommodation for forty-seven patients, and having all the modern equipment and requisites for such an institution.

A MEETING of the Alumnae Association of the Guelph General Hospital was held at the home of the President, Miss Leadley, on Wednesday afternoon, February 12th. A number of the members were attending to professional duties and unable to be present. Various business matters were discussed, after which tea was served.

A NEW operating table has been placed in the Sarnia Hospital, the gift of the Hon. W. J. Hanna.

GENERAL HOSPITAL, Sault Ste. Marie.—A new addition, 43 x 103, with a connecting part, 25 x 36, in which the lavatories are located, is nearing completion, and will supply much needed accommodation.

A NEW wing has been added to the General Hospital at Walkerton, and it has now all the required facilities for the care of medical or surgical cases. The County of Bruce is to be congratulated on having such an excellent and well-equipped hospital.

MUSKOKA FREE HOSPITAL FOR CONSUMPTIVES.—Among other improvements, a new administration building is being erected, which will be a much valued addition to this institution. A new residence for the Superintendent has also been added.

THE General Hospital, Niagara Falls; the General and Marine Hospital, Goderich; the General Hospital, Wingham, and the Lady Minto Hospital, New Liskeard, have recently been added to the list of public hospitals in Ontario entitled to share in the legislative grant.

THE annual theatre party for the nurses of the Royal Victoria Hospital, Montreal, given by the Governors, took place on the evening of the 17th January. After the theatre, supper was served in the dining-room of the Nurses' Home. The evening was thoroughly enjoyed by all the nurses.

MISS HERSEY (R.V.H.), who has been night superintendent of the Royal Victoria Hospital, Montreal, for the past year, is taking the position of second assistant superintendent, left vacant by Miss Cornell leaving to take charge of the Hospital in Flushing, L.I. Miss Jones, Head Nurse in the Woman's Surgical Ward, takes Miss Hersey's place as Night Superintendent.

THE St. Catharines General and Marine Hospital has just issued the twenty-sixth annual report for 1906-7. The receipts have been $13,134.81 and the expenditure $9,227.80. There is also an Endowment Fund of $1,164.12, and a Building Fund of $11,443.94. The available assets are $16,348.44. With this good report and the generous gift of Mr. Wm. Cook of a fine site for a new hospital on Geneva Street, the prospects for the new hospital are excellent.

IN the recently published letters of Queen Victoria, there is one, dated January, 1856, written to Miss Nightingale, thanking her for her services in the Crimea, and telling her that the Queen had sent for her acceptance a brooch, bearing St. George's Cross in red enamel, with the Royal Cypher, and a crown in diamonds, and bearing the words "Crimea," and an inscription "Blessed are the Merciful." A note to the letter states that it was more a badge, but the Queen called it a brooch.

On March 6th, by kind permission of Mrs. Scott-Raff, the Toronto Chapter of the Graduate Nurses' Association of Ontario will meet in the studio of the Margaret Eaton School of Expression. An interesting programme has been prepared, in which Mrs. Scott-Raff, "Katharine Hale," and others will take part.

THE handsome addition made in 1907 to the Edmonton General Hospital by the Grey Nuns is almost complete. It will cost approximately $120,000, and is a massive structure of brick, 110 by 54 feet, connected with the main building by corridors and galleries. Every up-to-date arrangement devised in the care of the sick is being incorporated into this building. It was designed by J. A. Senecal of St. Boniface. R. Percy Barnes is the supervising architect, and the Cannell-Spencer Company are building it.

OUTCLINIC FOR PULMONARY TUBERCULOSIS.—Miss Janet Neilson (a graduate of T. G. H.) has, for several months past, been in charge of the out-patient clinic for cases of pulmonary tuberculosis. A large number of cases have been treated at the clinic, and the attention of the nurse has been greatly appreciated by the patients and their families in their homes. Houses have been disinfected where it was deemed necessary, and eggs and milk have been dispensed to the sufferers. Arrangements have been made with Dr. G. W. Ross of the Immunization Department, by which tuberculin is administered as routine treatment.

GRADUATION exercises were held at St. Joseph's Hospital, Chatham, on the evening of December 11th, on which occasion Miss Ella Ouellette, Chatham, and Miss Nellie McDonald, Courtright, received diplomas and medals. The lecture room was very artistically decorated in the school colors, yellow and white. A very good programme of instrumental and vocal music was rendered. Rev. Father Eusebius, O.S.F., presided as chairman. Others present were: Rev. Father Basil, Dr. J. P. Rutherford, Dr. W. Hall, Dr Charteris, Dr. Bray, Dr. Sullivan, Dr. Mary Agar, all giving appropriate addresses. The graduates received many choice bouquets and gifts from their many friends.

THE Alumnæ Association of the Western Hospital, Toronto, held their regular monthly meeting on Thursday, January 30th, Mrs. York, President, in the chair. This association is in a flourishing condition, having 28 members, including at least half of all the graduates of the Hospital. Among those present was Miss Woodland, the new Superintendent of the Hospital, who was given a warm welcome by the members, especially as she was accompanied by all the undergraduate nurses who could be spared from duty on the wards. Dr. Helen MacMurchy gave an address on "The Second International Congress of School Hygiene," held in London, August 5-10, 1907, after which Miss Woodland entertained all the nurses at tea.

On Friday, January 31st, the Toronto Graduate Nurses' Club held its first "At Home," in St. Stephen's Schoolhouse, the Board of Directors receiving and assisting at the tables. There were present more than a hundred nurses, representing many different hospitals, besides those in Toronto, among them, Belfast, Ireland; Manchester, England; Montreal, Quebec, Kingston, London, Baltimore, Philadelphia, Grand Rapids, New York, Cleveland. Miss Brent and Mrs. Paffard spoke of the need of a Nurses' Clubhouse in Toronto, and the President, Miss Bowerman, told of the arrangements being made for a Fete to be given in May to raise more funds for this purpose. An appeal was made to the nurses present for donations, help at the Fete, and for subscriptions for shares, to which a most liberal response was made, which augurs well for the success of the Fete. Among the Superintendents present were Miss Mathieson of the "Isolation," Miss Brent and Miss Kinder of "H.S.C.," Miss Patton and Miss Pickels of "Grace," Miss Woodland of the "Western," Miss Sawers and Miss Campbell of the "Orthopædic," Miss Hoyt of the Nursing Mission. All report having a good time and the pleasure obtained from meeting so many other nurses.

The meeting of the Canadian Hospital Association will be held in the Parliament Buildings at Easter. Among the papers promised are: "How to Deal with Tuberculosis as a Special Problem," by Dr. W. J. Dobble, Superintendent of the Consumptive Sanitarium, Weston; "The Unfinished Business of General Hospitals," by Dr. S. S. Goldwater, Superintendent Mt. Sinai Hospital, New York, and President of the American Hospital Association (which association meets in Toronto in September next); "The Milk Supply," by Dr. Helen MacMurchy, editor Canadian Nurse; "Fumigation," by Dr. A. D. McIntyre, Superintendent of the General Hospital, Kingston; "Some Observations on European Psychiatric Hospitals," by Dr. C. K. Clarke, Superintendent Toronto Hospital for Insane; "The Hospital and the Public," by Del Sutton, editor of the *National Hospital Record*; "The Proper Length of the Period of Study for Nurses," by Dr. Henry Hurd, Superintendent of Johns Hopkins Hospital, Baltimore; "The Nursing of Incurable Patients," by Miss Gray, of the Toronto Hospital for Incurables. The Presidential address will be delivered by Miss Louise C. Brent, Superintendent of the Hospital for Sick Children, who will hold a reception to the delegates at the new Nurses' Residence on Easter Monday evening.

The Christmas number of the *Edmonton Daily Bulletin* contains a handsome sketch of the Edmonton Public Hospital, which the city hopes to begin in the spring of 1908. The general plan is like that of the Royal Victoria Hospital, Montreal, and is the work of Mr. R. W. Lines, of Edmonton, who won the prize for the best design in competition with architects from Vancouver to

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Toronto. The plan provides for a hospital which when finished will be larger and more completely equipped than any other hospital in the west. It has been thought out in a broad spirit, and it will be a credit to the Edmonton of to-morrow as well as to-day. Work will be first started on the main hospital block and the smaller administration building which lies directly in front of it, a distinct building connected with it by corridors on each floor. The ground floor of this latter building is designed for administration purposes, and contains the business offices of the directors, the medical superintendent, the lady superintendent, the receiving-room, and consulting-room. The floor above will for a few years after the hospital's erection be used as quarters for over a score of nurses and their superintendent. Eventually these will be used as private wards, as one or other benevolent friend of the nursing profession will some day doubtless donate a Nurse's Home to the hospital. The present arrangement provides that the nurse when off duty shall be quite away from the atmosphere of her arduous work, yet is still conveniently near at hand. The hospital block, to which the two imposing wings are to be added as the need arises, is planned with every convenience that the development of modern architectural ideas and principles of hygiene can devise. In the basement are situated the servants' quarters, the kitchen, the orderlies' and janitor's rooms, and the array of larders, laundry, cellars, and store-rooms that are now deemed necessary for the proper menage of an up-to-date hospital. From here service elevators communicate with the diet kitchen on each floor, and linen chutes run down to the laundry. On the ground and first floor are situated the separate male and female medical and surgical wards and private wards. Each ward terminates with a solarium or sun-parlor and balcony. Here, too, a wide fire-escape will give easy exit to the patients in case of necessity. The hospital when complete will accommodate 300 patients. The third floor will be devoted to operating-rooms with their attendant suite of rooms for cleansing purposes, the anæsthetic room, and recovery room. The passenger-elevator extends from this last floor down to the basement where the ambulance has an entrance. The emergency operation room is a good-sized room. The arrangement of this floor is a feature of the hospital. It will be all white, with shining white walls and floor of some hard, non-porous germ-proof material, and fitted out with such equipment as modern science demands.

The Northern Pacific Hospital, at Brainerd, Minnesota, U.S.A., are fortunate in having Miss Whitaker, a graduate of Toronto General Hospital, as the Superintendent, and her Alma Mater and her country are proud of Miss Whitaker and the good work she has done in the N. P. Hospital. The graduation exercises were held on January 18th, 1908, at which W. H. Gemmell, General Manager of the Minnesota and International R. R., ably presided, and Miss Whitaker presented her annual report. The training

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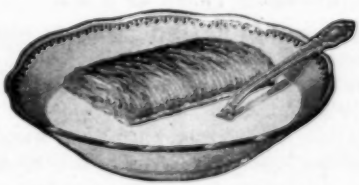

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school is now six years old and has 16 pupil nurses and 13 graduates, two of whom are now superintendents of small hospitals, one in Washington and one in California, while two others are in the N. P. Hospital at Tacoma. The Elk Hall, where the ceremonies took place, was beautifully decorated and crowded with an interested audience. Dr. J. A. Quinn, who delivered the address, concluded as follows: "I congratulate you in having the opportunity to have been taught by Miss Whitaker, whom no superintendent of a training school for nurses in any hospital in this country excels, and very few equal, either in scientific knowledge, teaching ability, or attributes of womanly character. The success of her work is recognized and known to all connected with hospitals." The graduates were four in number, Misses Buchanan, Miles, Gaven and Rose.

Miss Bessey, graduate of the G. G. H., is at present Acting Superintendent at the Berlin and Waterloo Hospital. Miss Sheppard, the Superintendent, has obtained leave of absence for five months, and is taking a trip to the Continent.

The resignation of Miss O'Neil, Superintendent of Guelph General Hospital, took effect on February 1st, and she left the city this week. Miss O'Neil, throughout her term of office, proved that she possessed excellent professional qualification and was a most indefatigable worker.

Miss A. C. Smith, a graduate of the Kingston General Hospital, 1908, has been appointed Superintendent of Guelph General Hospital. She comes to the institution with very strong recommendations, including testimonials from many noted physicians and surgeons. Aside from her professional experience, her personal qualifications are such as promise capable all-around management. The hospital is to be congratulated on securing Miss Smith as its Superintendent.

At the Poster Show, held in Orillia, for the benefit of the new Hospital, the articles on sale at the Red Cross Booth included a number of booklets containing instructions and recipes for invalid diet. The idea was not new, but the matter was gotten up specially (by the writer). The recipes given were: Beef, veal, or mutton broth, beef tea, chicken broth, oyster broth, chicken and egg broth, potato soup, cream of tomato soup, celery soup, toasted bread sticks for soup, milk toast, creamed toast, egg nogg, egg flip, albumenized lemonade, arrowroot gruel, junket, wine jelly, tapioca cream, white custard, and fruit water drinks. The matter was typewritten on notepaper, heavy art paper being used for covers. On middle of front cover was pasted a red cross cut from heavy paper, and above and below the cross the title was written in heavy gold ink. Leaves and cover were tied together with narrow red ribbon finished in a bow at back of cover. The booklets sold readily at twenty-five cents each—in fact, the demand could not be supplied.

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Personals.

THE Editorial Board beg to state that items for this Department will be welcome and are published free of charge. Please send them at once, as soon as the events occur, addressed to THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

MISS FORREST, staff nurse in the surgical wing (W.G.H.), has gone home for a much-needed rest.

MISS RANDAL (R.V.H.), who went to California last fall, is now in charge of St. Luke's Hospital, San Francisco.

THE nurses in Winnipeg were very glad to welcome back Miss K. M. Madge (W.G.H.), but regret that her stay will be so short.

MISS FRANKLIN has resigned her position in the Rock Bay Hospital, B.C., to become a member of the V. O. N. staff in Vancouver.

MISS MARY BURGESS (V.G.H.) has accepted the position of Head Nurse of the Maternity Wards, General Hospital, Vancouver, B.C.

MISS JOHNSTONE, a recent graduate of the General Hospital, Neepawa, Man., has been appointed Head Nurse on the staff of the hospital.

MISS J. M. BROWN has been appointed Superintendent of the Royal Jubilee Hospital at Kenora, Ont. She is a 1904 graduate of T. G. H.

MISS MACKAY, who has been assistant in the operating room (R.V.H.) for the past year, has gone to take up private nursing in New York.

MISS MCCONNELL, one of the recent graduates of the General Hospital, Neepawa, Man., will engage in private work in the town for the present.

MISS ADAMS (H.S.C.) has been appointed Night Superintendent at the Hospital for Sick Children, Toronto, and entered on her new duties on February 1st.

MISS SEXTON (R.V.H.), who recently underwent an operation for appendicitis, has quite recovered, and is able to take up her work in the Victoria Order again.

MISS J. M. SEGAR has gone to Papan, Alta., under the auspices of the Methodist Mission Board, to take charge of the hospital. Miss Segar is a graduate of the Lady Stanley, Ottawa, and a post-graduate of the Woman's Hospital, New York. She has been doing private nursing in Toronto for the past year.

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Miss Cotter, '04, is substituting for Miss Parlett in the operating theatre of the Winnipeg General Hospital. We hope that Miss Parlett will soon recover her usual good health.

Dr. W. P. H. Galloway, of Winnipeg, delivered a very interesting and instructive lecture on "Mental Suggestion," before the W. G. H. Alumnæ Association, on Tuesday, January 7th.

Miss A. E. Booth (T.G.H.) has returned from a long visit in the Old Country, and is making her home in Victoria, B.C., at present. Miss Booth took a thorough course in massage while abroad.

Miss Cruickshank, registrar of the Vancouver Graduate Nurses' Association, Vancouver, was married on January 22nd, to Mr. John Gibb. It is not yet decided by the Association, where the registry will be in future.

Mrs. (Dr.) S. J. Tunstall gave a very enjoyable dance for the pupil nurses of the various hospitals in Vancouver, B.C., on Jan. 16th. Four hospitals were represented, and at least fifty nurses enjoyed to the full Mrs. Tunstall's kind hospitality.

Miss Cornell, who has held the position of Second Assistant Superintendent in the Royal Victoria Hospital, Montreal, has left to take charge of a private hospital in Flushing, N.Y. The Alumnæ Association will miss her, especially as she has been a most efficient secretary for the past three years.

Miss Margaret A. MacBride, of Montreal, Canada, a graduate of the Mary Fletcher Hospital, Berlin, Verm., and member of the Canadian Nurses' Association, and Miss Kathleen E. Steacy, of Montreal, Canada, are at the present time taking a course at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia.

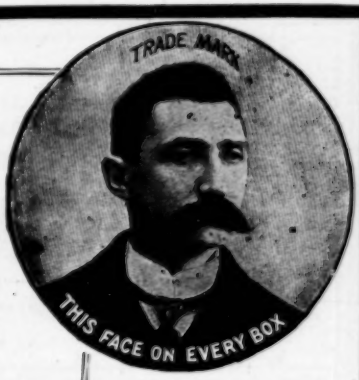
BIRTHS.

Mitchell.—Born, on January 10th, to Dr. and Mrs. Alex. Mitchell, of Macoun, Sask., a daughter. Mrs. Mitchell was Miss Mary B. Smith, graduate of General and Marine Hospital, St. Catharines.

MARRIED.

Albinson—Boulton.—On January 15th, 1908, at the bride's home, Maple Grove, Ont., Miss Annie Ida Boulton, graduate of Sarnia General Hospital, to Mr. Clarence Roscoe Albinson, of Mooretown.

Brodie—McMurtry.—At the home of the bride's brother, Mr. F. McMurtry, Winnipeg, on Saturday, Jan. 11th., 1908, Margaret J. McMurtry, graduate of Grace Hospital, Toronto, to Thomas Brodie, of Winnipeg.



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McCormick—Pearce.—In December, Miss Jean Pearce (Class 1903, St. Joseph's Hospital, Chatham), to Mr. John McCormick, of Chatham.

Ferguson—Cline.—January 9th, Miss Jean Cline (Class 1902, St. Joseph's Hospital, Chatham, to Mr. Walter Ferguson, Thamesville. They will spend the winter in Los Angeles, Cal.

Young—Whitmarsh.—At Abbeville, Louisiana, on December 18th, 1907, by the Rev. F. A. B. Laforest, Mabel Georgina Whitmarsh (grad. R. V. H., Montreal, Que.), to Lawrence Randolph Young, M.D., of Rayne, Louisiana. Dr. and Mrs. Young will make their home in Rayne, La.

Brown—Morris.—At the home of the bride's brother, Rev. J. T. Morris, Owen Sound, on Tuesday, Dec. 21st, 1907, Annie K. Morris, graduate of Grace Hospital, Toronto, to Thomas Brown of Peterborough.

Barrow—Owen.—On Wednesday, January 22nd, 1908, at St. James Cathedral, Toronto, by the Rev. D. T. Owen, Gwladys Ireon, elder daughter of Ireon R. Owen, to the Rev. Gore M. Barrow, Toronto.

On St. Valentines Day, the members of the Nurses' Club, 9 Pembroke Street, gave Miss Sadie Downs a linen shower on the event of her approaching marriage, which takes place this month.

Another Great Honour.—A cable despatch received to-day (February 14, 1908) from England states that the freedom of the City of London is to be conferred on Miss Nightingale.

The Guild of St. Barnabas.

(Continued from page 120)

After the reading and accepting of the reports the Superior said a few words and expressed her pleasure at the presence at the meeting of three out of the four nurses who joined the branch at its formation, the fourth being still a member, but no longer resident in Montreal. A few words from the Chaplain followed, in which he referred to the recent death of Nurse Patterson, for some years a member of the Montreal branch, but who was transferred to the Ottawa branch on its formation. The Chaplain noted that Miss Patterson was the first member of the Guild here for whom an itinerary service was held on her leaving Montreal, though since that time many members have asked for it.

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The Nurse's Library.

The Delineator has made great progress of late, in public regard. Its campaign on behalf of "The Child Without a Home" and "The Home Without a Child" came just when it was wanted and bids fair to be a success in every way. Besides, the February number contains one of the best articles on a nurse's life we have ever read in a popular magazine, entitled "The Little Sisters of the Sick." Attractive stories, sketches, and articles make up a notable number.

Milk Hygiene. C. O. Jensen. Translated by PROF. PEARSON, of Philadelphia. Philadelphia and London: J. B. Lippincott Co. $2.00. Toronto: Carveth & Co.

Professor Jensen, of the Royal Veterinary and Agricultural College of Copenhagen, Denmark, has done a great public service, not only to his own country, but to other countries, in preparing this excellent text-book, and his American colleague, Prof. Pearson, Dean of the Veterinary Faculty of the University of Pennsylvania, has conferred on us no small benefit by preparing the English translation. The chapters on pasteurization, sterilization, the use of milk for infants, and especially that on the public control of the production and handling of milk, are of great value. This subject is of such importance that a good book upon it is indispensable.

Lectures on Medicine to Nurses. HERBERT E. CUFF, M.D. Fifth edition. Philadelphia: P. Blakiston's Son & Co. Toronto: Carveth & Co.

Dr. Cuff, formerly Medical Superintendent of the North-Western Hospital, London, is the author of this practical book of reference on medical subjects for the use of nurses. It has had an extended sale, particularly in Great Britain, where it was, of course, first published. It is concise, clear, and authoritative, and has a good reputation as a text-book.

A Nurse's Bequest. By LILIAS HAMILTON, M.D. London: John Murray.

The "bequest" is an income of £400 a year, with £4,000 in addition, left by the Head Nurse to one of her senior assistants, who has the same spirit and the same ideals as she herself had. The hope of these two nurses is to be instrumental in securing for our "State children, from their earliest infancy, that chance in life which their parents and our present system of dealing with them are withholding from them." That "chance in life," the author thinks, is best to be found in farm colonies for children

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The Nurse's Calendar

The Alumnae Association of the Toronto Gen ral Hospital Training School has issued a **Calendar for 1908** consisting of daily quotations from various authors. The object is to establish an emergency fund for sick nurses. The Calendar is gotten up in an attractive form in the school colors and will be **for sale early in December** at any of the Nurse's Homes.

Price 50 Cents

in Canada, and perhaps she is right. The scene of the book is laid in an English workhouse infirmary, twenty-five years ago, and the book is one that nurses will read with great interest. Though we cannot always admire the heroine, and though the interest of the story is sometimes divided, yet our readers will miss a good deal if they do not see it. We hope they will.

School Hygiene. Illustrated. By HERBERT JONES, D.P.A., Cambridge. London: J. M. Dent & Co.

This little book, one of "Dent's Series of Mathematical and Scientific Text Books for Schools," is a model. The fact that it appears in such a series is of itself a cheering sign; it means that hygiene is getting its right place. The book is intended for teachers and school managers, but it is also a good book for school physicians and school nurses. Dr. Jones has managed to treat, in 150 pages, and 23 chapters, of all the important aspects of school hygiene, both as regards the school and the scholar.

The Greatest Art. E. V. LUCAS. London: Methuen & Co.

This is "A Choice of Letters by Entertaining Hands." It is a charming book. Under the pillow of the convalescent or among the favorite books on the nurse's own table, we venture to say that when once it takes its place it will never lose it. The names of the writers are great names—Dickens, Thackeray, Scott, Nelson, Napier, Cowper. What more could one say!

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

ANTIPHLOGISTINE AND PNEUMONIA.—In five cases of pneumonia, where the acute trouble did not end in complete resolution, but left circumscribed and affected areas, which, in my judgment, were doomed to caseous degeneration, the liberal and persistent use of Antiphlogistine slowly but surely caused the absorption of the abnormal patches within the lungs and left them as normal as they were prior to the pneumonitis.—H. Enton, M.D., Brooklyn, N.Y.

RESPIRATORY TRACT—AFFECTIONS, SYMPTOMS, AND TREATMENT.—Almost every physician has some favorite prescription for coughs, bronchitis, laryngitis, etc., which he uses until suddenly it seems to lose its efficacy—why, no one knows. Then another remedy takes its place, until it, too, fails to give the desired result. It is rarely that one finds a cough remedy which will be consist-

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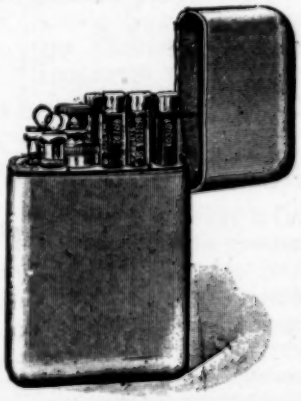

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ently good in the majority of cases. Theoretically there appears to be a well-founded objection to the use of cough syrups in general, but, nevertheless, there are times when nothing else gives satisfaction; therefore, the physician pins his faith to that remedy from which he and his patients derive the most good. It is not always easy to find such a remedy, but when it is once found it is equally difficult to dispense with, and often the physician is almost compelled to resort to a routine treatment. In such cases, of course, he wants the best.

There are constantly being placed on the market new formulas for affections of the air passages. Some of these formulas are of undoubted benefit in some cases, but usually it will be found that the results are far from satisfactory. Many of them cannot be taken when there is any gastric complication, as is sometimes the case, because of consequent nausea and vomiting. Others seem almost invariably to act as cardiac depressants and are highly objectionable for that reason.

In phthisical patients the well-known lack of appetite and intolerance of various foods render it imperative to give remedies which will not in any way interfere with the digestive functions, while at the same time controlling or alleviating the cough and other distressing conditions.

Some time ago my attention was called to a preparation composed of a solution of heroin in glycerine, combined with expectorants, called Glyco-Heroin (Smith). Each teaspoonful of this preparation contains one-sixteenth grain of heroin by accurate dosage. It is of agreeable flavor, therefore easy to administer to children, for whom the dose can be easily reduced with any liquid, or by actual measurement. It possesses many advantages not shown by any other preparation I have used, and has none of their disagreeable features.

In citing some of the cases treated with this remedy, I shall not go into a minute description of any case, but briefly state the conditions which existed and the results obtained, which were uniformly good.

Case 1.—S. B., aged 16. Caught a severe cold while traveling. This developed into an unusually severe attack of bronchitis, with mucous rales, pain cough, and some slight fever. Prescribed Glyco-Heroin (Smith), one teaspoonful every two hours, decreased to every three hours. After a few doses were taken there was a decided improvement, the respirations were slower and deeper, the expectoration freer, and the temperature normal. In a few days the patient was practically well and able to return to school. No medicine except Glyco-Heroin (Smith) was given, and the results from its use were excellent.

Case 2.—W. L., aged 31. Acute bronchitis. Painful cough, with difficult expectoration, particularly when in a reclining pos-

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco-Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

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Dose. – *The adult dose is one teaspoonful, repeated every two or three hours. For Children of more than three years of age, the dose is from five to ten drops.*

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request

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ture. Glyco-Heroin (Smith) in teaspoonful doses every three hours gave speedy relief, and a cure was effected in a few days.

Case 3.—B. E., aged 26. Severe bronchitis, accompanying an attack of influenza. Various remedies were tried in this case, with negative results, until Glyco-Heroin (Smith) was given in teaspoonful doses every three hours. In a short time decided relief was obtained and the cough stopped permanently.

Case 4.—R. L., aged 6. Capillary bronchitis, with pains over chest, cough, and difficult expectoration. Glyco-Heroin (Smith) administered 15 drops every three hours. After taking a few doses the condition was much improved, and a speedy return to perfect health followed.

Case 5.—W. H., aged 5. Whooping cough. Spasmodic paroxysms of coughing, sometimes being so severe as to cause vomiting. Tenacious mucus was present, requiring great expulsive effect to loosen it. There was little fever, but the patient was much prostrated and weakened by the cough. Glyco-Heroin (Smith) was given in 10-drop doses every two hours, with good results. This was combined with hygienic treatment, the patient being given as much of fresh air as possible. In a few days the condition was much ameliorated, the cough under fair control, expectoration was freer and easier to raise, and convalescence uneventful. The case was discharged cured, and there were no unpleasant sequelæ, the patient at present being in perfect health. —Dr. Arthur B. Smith, Springfield, O.

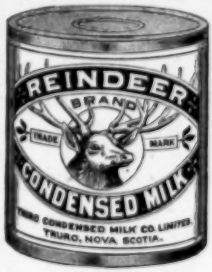
Simple Suggestions for the Prevention of Grip and Pneumonia.—Influenza and pneumonia are now extremely prevalent throughout the land. It was recently estimated that in New York City there were over 20,000 cases; in Baltimore, 40,000; in Pittsburgh, 50,000, and the death rate was correspondingly large.

The report of the New York City Health Board for December also showed that there were 1,202 deaths from pneumonia, many of them beginning with an influenza. In addition to this, there were 126 deaths from influenza without pneumonia.

It, therefore, seems a fitting time to say something about the preventive treatment of these perilous diseases and the value of the following—among other rules recently suggested to the community at large by Samuel G. Tracy, M.D., New York, in a communication to the *New York Times*—will be generally conceded:

Keep Mouth, Teeth, Tonsils and Nose Clean.

"It is necessary," continued Dr. Tracy, "to keep the mouth, nose, tonsils, etc., clean, because the mucous membrane of these parts, especially the tonsils, is not infrequently the port of entry of



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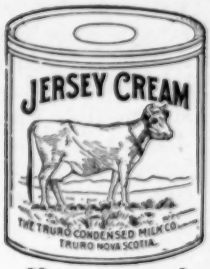

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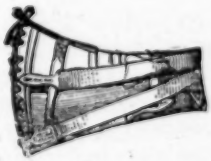

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